

EXHIBIT 2

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

12**AUTOPSY REPORT**

No.

2022-04841

I performed an autopsy on the body of →

ALANIZ, JOHN JOSEPH

at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California

on May 6, 2022

0830

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

MANNER OF DEATH

HOMICIDE

HOW INJURY OCCURRED

SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT

Anatomic Summary :

I. Multiple gunshot wounds

A. Total number of gunshot wounds: 3

i. GSW #1, Chest, Imminently fatal (GSW A, P2of2)

1. Significant injuries of aorta, pulmonary arteries, bilateral lungs and esophagus

2. Associated bilateral hemothorax; at least 450 cc total

ii. GSW#2, Right leg (GSW B, P1of2)

iii. GSW#3, Left leg (GSW C)

B. Total number of projectiles recovered: 2

C. Range of fire for all wounds is indeterminate

II. Blunt force trauma

A. Lacerations of posterior left scalp

i. No associated fracture or intracranial hemorrhage

B. Various contusions and superficial abrasions of the face, torso, and extremities

C. Focal soft tissue hemorrhage of anterior peritoneum and mesentery

i. No significant injury to organs or associated hemorrhage

III. History of electronic control device (ECD) discharge

A. Projectile consistent with a barb recovered from clothing and submitted as evidence

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B. Possible puncture wounds identified on either arm,
in setting of medical intervention

IV. Status post medical intervention

A. Thoracotomy

B. Right chest tube

V. See separate toxicology report

CIRCUMSTANCES:

As per the Coroner Investigator's Report and Law Enforcement including brief summary of case at autopsy examination and review of available video footage of incidents.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed refrigerated adult male who appears the reported age of 34 years. The body measures [Click here to enter text.](#) inches, weighs [Click here to enter text.](#) pounds and appears normally developed. Examination of the skin in general reveals no various ovoid to irregular hyperpigmented well healed scars, occasionally with central scabbing, ranging from 1/8 up to 3/4 inches in width scattered across the chest, abdomen, shoulders, back, and buttocks. Distinct scars are found on the upper extremities including a cluster of parallel linear scars on the left antecubital fossa ranging from 1-1/4 up to 4-1/4 inches in length and an irregular scar on the left forearm measuring 1-1/2 x 3/8 inch. A tattoo is identified on the left posterior calf consisting of a design.

The head is normal in size and shape. The scalp hair is black and straight. There is no temporal or vertex balding. Mustache and beard are present. Examination of the eyes reveals irides that appear to be brown and sclerae that are white. The conjunctivae are not congested. The oronasal passages are unobstructed. There is no foam in the nares or oral cavity. Upper and lower teeth are present. Frenulae and oral mucosa are intact.

There is no increased anterior-posterior diameter of the chest. The abdomen is flat and soft. The genitalia are those of an

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adult male. The external genitalia are without trauma or lesions.

EVIDENCE OF THERAPEUTIC INTERVENTION:

There is evidence of recent therapeutic intervention including the presence of an airway device in the oral cavity, and intravascular line in the left posterior hand and an intraosseous line in the left tibia. He is status post thoracotomy with a sutured incision across the chest measuring 23 inches in length, an opening through the anterior chest wall through the right intercostal space 6 and left intercostal space 5, an open pericardium, and disruption of the soft tissues surrounding the thoracic aorta. Evidence of a chest tube, with an incision on the right lateral chest with associated needle mark on the skin and an opening through the right posterolateral intercostal space 6. Evidence of reported cardiopulmonary resuscitation includes anterior rib fractures involving the right ribs 2, 4 and 5, and left ribs 3 through 6.

There has not been post mortem intervention for organ procurement.

POST MORTEM CHANGES:

Rigor mortis is present. Livor mortis is fixed in a posterior dependent distribution.

CLOTHING:

The body is not clothed, but the clothing is reviewed separately. The clothing consists of multiple pieces which have various cuts and defects throughout. Notably the black felt jacket is found to have an attached silver and yellow colored projectile with one sharp end and a wire, on the mid left sleeve. The projectile is recovered and submitted as evidence.

EVIDENCE OF INJURY:

Injuries are documented on forms and by representative autopsy photography at time of examination. The gunshot wounds are arbitrarily labeled for reference purposes only and do not indicate temporality or severity. All measurements and reference of direction of projectiles within the body are based on the body in anatomical position.

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Gunshot wound #1, Chest, Imminently fatal (GSW A and P2of2):

Entrance (GSW A): On the right upper chest 12-3/4 inches from top of head, 8 inches to top of table with body in supine position, and 6 inches right of the anterior midline is an ovoid 1/2 x 1/4 inch diameter gunshot wound. There is no marginal abrasion, and the edges of the wound are smooth. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery (P 2of2): A copper and gray colored projectile is recovered from the left lung lower lobe at the time of examination and submitted as evidence.

Exit: None.

Path: The projectile sequentially perforates skin, soft tissue, the anterior chest wall through the right anterior rib 3, the right lung upper lobe, pericardium, aorta, pulmonary arteries, esophagus, the anterior surface of the T7 vertebral body, and then becomes embedded in the left lung lower lobe.

Associated injuries:

1. Bilateral hemothorax; at least 250 cc on the right and 200 cc on the left

Direction: The projectile travels from his right to left, front to back and downward

Range of fire: The range of fire is indeterminate.

Gunshot wound #2, Right leg (GSW B and P1of2):

Entrance (GSW B): On the right anterior thigh 38-1/2 inches from top of head, 9-1/4 inches from top of table with body in supine position, and 1/8 inches right of the anterior limb midline is a irregular 1 x 7/8 inch diameter gunshot wound. There is an eccentric marginal abrasion from 9-4 o'clock measuring 1/16 to 3/16 inches in width, with a trailing abrasion at 11 o'clock measuring 1/2 x 3/16 inches. Just inferior to the wound is a purple-pink contusion and abrasion cluster measuring 1-1/4 x 3/4 inches in area with abrasions ranging from pinpoint up to 3/16

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inches in width. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery (Plof2): A copper and gray colored projectile is recovered from right leg soft tissue 46 inches from top of head and 2 inches left of the anterior limb midline at the time of examination and submitted as evidence.

Exit: None.

Path: The projectile sequentially perforates skin and soft tissue before embedding in the soft tissue.

Direction: The projectile travels from right to left, front to back and down.

Range of fire: The range of fire is indeterminate.

Gunshot wound #3, left leg (GSW C):

Entrance/Exit (GSW C): On the left anterior shin 53 inches from top of head, 4-1/4 inches from top of table with body in supine position, and 1/2 inch right of the anterior limb midline is a ovoid 3/4 x 1/4 inch diameter gunshot wound. There is an eccentric marginal abrasion from 2-3 o'clock measuring 1/16 inch in greatest width, with smooth edges that are focally dark purple and dry. Soot, unburned gunpowder particles, and stippling are not visible on the skin surrounding the wound.

Recovery: None. Note, given the shallow nature of the wound the projectile was likely dislodged prior to examination of the body.

Path: The projectile sequentially perforates skin and superficial soft tissue with the hemorrhagic wound tract ending just superior to the left tibia.

Direction: The projectile travels from front to back.

Range of fire: The range of fire is indeterminate.

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Blunt Force Trauma

Laceration cluster, left posterior scalp

- Linear laceration, 1-1/2 inch length by 3/16 inch depth, exposed soft tissues
- Stellate laceration, 1/4 x 1/4 inch by 1/8 inch depth, exposed soft tissue
- Associated abrasions, area 1 x 1 inch
- Upon reflection of the scalp subcutaneous and periosteal hemorrhage, 7 x 5 cm area
- No associated fracture or intracranial hemorrhage

Superficial abrasions

- Forehead, multiple, 1/8 x 1/8 to 1/4 x 3/8 inch
- Right ear cluster, 3/16 to 1/4 inch range
- Left ear cluster, 1/8 x 1/16 to 1/4 x 1/4 inch
- Right cheek cluster, 1/16 to 1/4 inch range
- Left cheek, 3/8 x 1/4 inch
- Chin cluster, 1/8 to 1/2 inch range
- Anterior neck, 1/4 x 1/4 inch
- Right abdomen, 1/4 x 1/8 inch
- Upper back, 1/4 x 1/4 inch
- Right posterior shoulder, 1/16 inch diameter
- Left lower back, 5-1/4 x 1-3/4 inch with 1-1/4 x 1/4 inch pink contusion, located 33-35-1/4 inches proximal to left heel
- Right elbow cluster, 1/4 x 1/8 to 3/4 x 1/4 inch range
- Right posterior hand 2nd and 3rd knuckles, each 1/8 inch diameter
- Left posterior arm, multiple proximal to distal, 2 x 1 inch, 1/2 x 1/4 inch, 3/4 x 1/4 inch
- Left posterior hand 2nd and third knuckles, 1/4 x 1/4 and 1/4 x 3/16 inch cluster
- Right knee, 1/8 x 1/16 inch
- Left lateral ankle, multiple, each approximately 3/8 inch diameter

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Contusions

- Left upper anterior shoulder, faint blue, 4 x 3-1/2 inch area
 - Soft tissue hemorrhage confirmed on internal examination
- Right elbow, purple, 2 x 2-1/2 inch area
- Right posterior hand, purple, 1-1/2 x 1/2 inch area
- Right anterior hand wrist to palm, multiple, 1-1/4 x 1/4 inch to 1-3/4 x 1/2 inch range
- Left posterior shoulder, purple, 1/4 x 3/8 inch
- Left proximal upper arm posterior, purple-black, 5 x 4-1/4 inch
- Left posterior wrist, faint purple, 3 x 2 inches
- Left posterior hand, 3rd knuckle, purple 1 x 1/4 inch
- Right leg thigh to knee, multiple, 1/2 x 1/8 to 1-1/2 x 1 inch range
- Left mid-anterior thigh, faint blue, 3 x 2 inches

Internal Findings

- Anterior pelvis peritoneum, soft tissue hemorrhage
- Mesentery near the tail of the pancreas, soft tissue hemorrhage
- No hemoperitoneum or laceration of vital organs or vascular structures is identified.

Possible puncture wounds

(Relation to medical intervention cannot be excluded)

- Right posterior upper arm
- Left antecubital fossa

INITIAL INCISION:

The body cavities are entered through the standard coronal incision and the standard Y-shaped incision.

SYSTEMIC AND ORGAN REVIEW:

Note: The following observations are limited to findings other than injuries, if described above.

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NECK:

No foreign material is present in the mouth, upper airway, and trachea. The neck organs are removed en bloc with the tongue. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid, or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

The pleural cavity has been previously disrupted by the thoracotomy procedure. Pleural fibrous adhesions are absent. The parietal pleurae are smooth and glistening. Soft tissues of the thoracic and abdominal walls are well-preserved. The organs of the abdominal cavity have a normal arrangement and none are absent. Ascites is not present. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

MUSCULOSKELETAL SYSTEM:

No nontraumatic abnormalities of the visualized bony framework or muscles are identified.

CARDIOVASCULAR SYSTEM:

The thoracic and abdominal aorta have no significant atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. The pericardial sac has been previously disrupted.

The heart weighs 400 grams. It has a normal configuration. The cardiac silhouette is not globular and the myocardium is not flabby. The right ventricle is 0.3 cm in thickness, and the left ventricle is 1.4 cm in thickness. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. No cardiac valve vegetations are present. There is no endocardial discoloration. There is no abnormality of the apices of the papillary musculature. There are no nontraumatic defects of the septum. The great vessels enter and leave in a normal fashion. The coronary ostia are patent, located at or below the sinotubular junction and are

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relatively centrally located within their respective sinuses. The coronary artery distribution is right dominant. Serial sectioning of the coronary arteries shows minimal atherosclerosis.

RESPIRATORY SYSTEM:

Scant secretions are found in the upper respiratory and lower bronchial passages. The mucosa is intact and pale. The right lung weighs 330 grams and the left lung weighs 280 grams. The visceral pleurae are smooth and glistening. The pulmonary parenchyma is dark red-purple and the cut surfaces exude a minimal amount of blood and frothy fluid. The pulmonary vasculature is without thromboembolism. There is no evidence of pulmonary infarction.

GASTROINTESTINAL SYSTEM:

The esophagus has a relatively uniform size and no mucosal lesions. Esophageal varices are not present. The stomach contains approximately 25 cc of brown fluid (cannot identify types of food). The mucosa is unremarkable. The small intestine and colon are opened to reveal tan liquid to soft brown stool contents and no mucosal lesions. The appendix is present. The pancreas occupies a normal position. There is no necrosis or trauma. There is no evidence of pancreatic fibrosis or of pancreatitis.

HEPATOBIILIARY SYSTEM:

The liver weighs 1660 grams and is tan-brown. The capsule is intact and smooth. Upon sectioning a normal lobular pattern is observed and the consistency of the parenchyma is soft. There is no evidence of cirrhosis. The gallbladder is present. The wall is thin and pliable. It contains a small amount of bile and no calculi.

URINARY SYSTEM:

The right kidney weighs 130 grams and the left kidney weighs 130 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is smooth and glistening. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal

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course. The urinary bladder is unremarkable. It contains no measurable amount of yellow urine.

GENITAL SYSTEM:

The prostate is not enlarged and is without nodularity. Both testes are in the scrotum and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 90 grams. The capsule is intact. The parenchyma is dark red and soft. There is no increased follicular pattern. The bone is not remarkable. The bone marrow of the vertebra is unremarkable.

ENDOCRINE SYSTEM:

The thyroid, adrenal, and pituitary glands are unremarkable. The parathyroid glands are not identified. The thymus is not appreciated.

SPECIAL SENSES:

The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

The dura mater is stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage.

The brain weighs 1430 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. The brain is diffusely softened. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system has a normal appearance without dilation or distortion. Pons, medulla, and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cerebral arteries are without arteriosclerosis.

SPINAL CORD:

The cord is not dissected.

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EVIDENCE COLLECTION:

Projectiles recovered by me at the time of examination of the clothing on 5/5/2022 and submitted as evidence:

Plof1: Silver and yellow colored projectile with sharp end and wire collected from black jacket sleeve left.

Projectiles recovered by me at the time of internal examination of the body on 5/6/2022 and submitted as evidence.

Plof2: Copper and gray colored projectile from right leg soft tissue

P2of2: copper and gray colored projectile from left lung lower lobe.

RETAINED TISSUE AND HISTOLOGY:

Representative sections from various organs are preserved in one storage jar. No representative sections of tissue are submitted for microscopic examination.

TOXICOLOGY:

Samples of chest blood, femoral blood, liver, bile, gastric contents, and vitreous are submitted to the laboratory. An EDTA tube of heart blood is collected for blood typing. Toxicology studies are requested.

SPECIAL PROCEDURES:

None.

PHOTOGRAPHY:

Photographs have been taken prior to and during the course of the autopsy.

RADIOLOGY:

A postmortem full body CT-scan and x-rays of the distal lower extremities are performed. Review of the imaging demonstrates two hyperdensities consistent with the projectiles recovered from within the body. No evidence of displaced skeletal injuries of the skull, extremities or pelvis are identified. Findings in the chest are consistent with the examination and

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medical record description of thoracotomy and cardiopulmonary resuscitation efforts.

WITNESSES:

Present for the internal examination were Investigator S. Kimble and Detective J. Nguy of the California Highway Patrol and Special Agent D. Ibarra, Special Agent A. Hernandez, Special Agent A. Oratovsky, and Senior Criminalist G. Williams of the State of California Department of Justice.

DIAGRAMS USED:

Diagram forms #20(1of4), 20(2of4), 20(3of4) and 20(4of4) were used during the performance of the autopsy. Coroner diagrams are not intended to be facsimiles nor are they drawn to scale.

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SUMMARY & OPINION:

This 34-year-old man's death is attributed to multiple gunshot wounds.

At examination, he is found to have a total of 3 gunshot wounds with an imminently fatal gunshot wound of the chest that disrupts the aorta, pulmonary arteries, both lungs, and esophagus with associated bilateral hemothorax of at least 450 cc total. A total of two projectiles are recovered from within the body, and a projectile consistent with an electronic control device barb is recovered from the clothing. The range of fire for all of the gunshot wounds is indeterminate. Blunt force trauma, including lacerations of the posterior scalp are identified, though no fatal blunt force trauma is found. Possible puncture marks are identified on the upper extremities, but in the setting of medical intervention no definite evidence of the electronic control device contacting the skin is evident. Toxicology studies demonstrate the presence of cannabinoids in the chest blood.

For the purpose of public health and vital statistics, given the history and circumstances as currently known by me in the setting of the findings by examination and ancillary studies, the manner of death is classified as homicide.

Julie Huss-Bawab
Julie Huss-Bawab, M.D.
Deputy Medical Examiner

2/17/2023

Date

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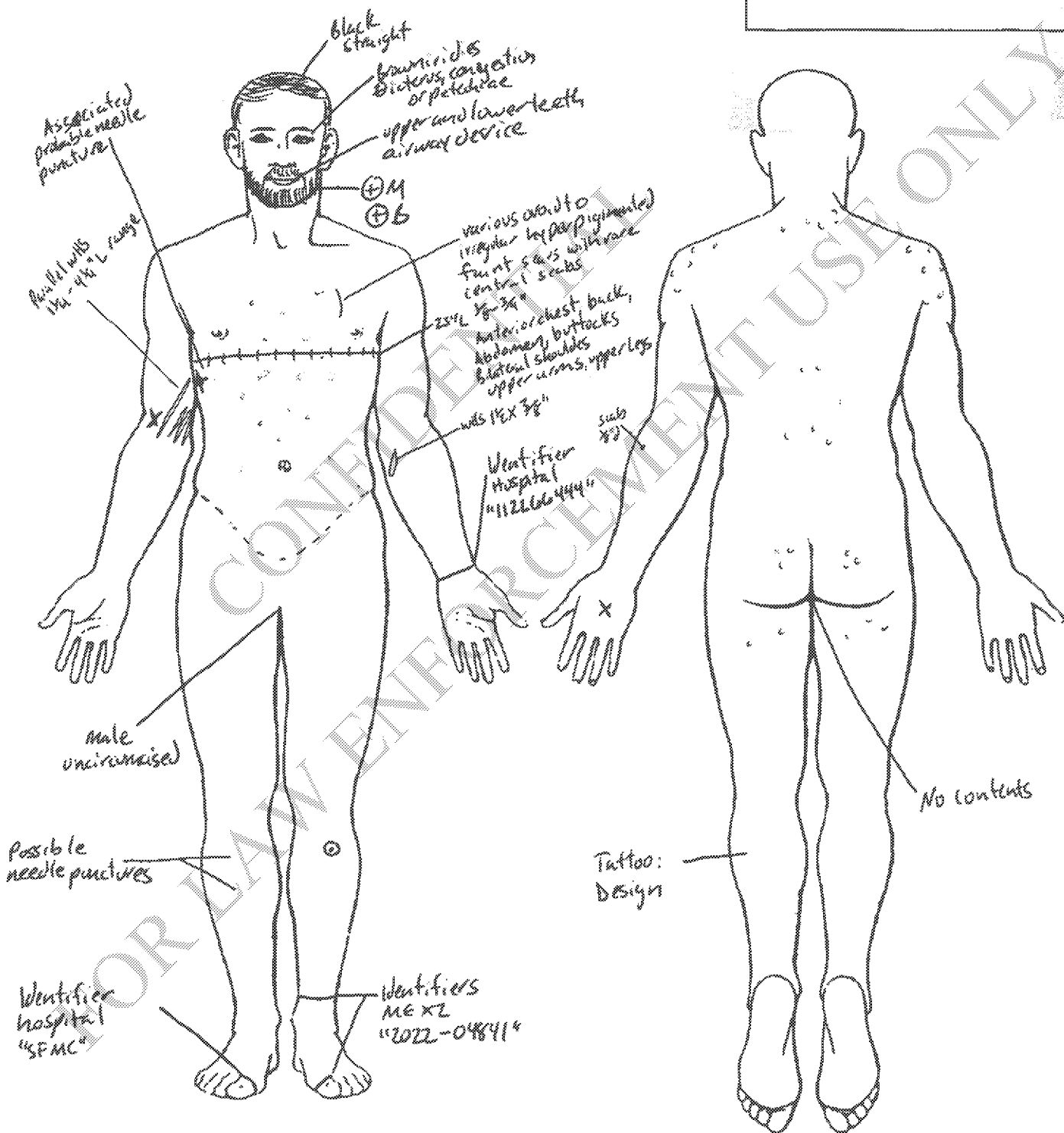
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⊙ = intra osseous line
X = intravascular line
+++ = sutured incision
+ = chest tube puncture

Livor present Livor fixed posterior

Date 5/6/2022

Julie Burb

Deputy Medical Examiner

M.D.

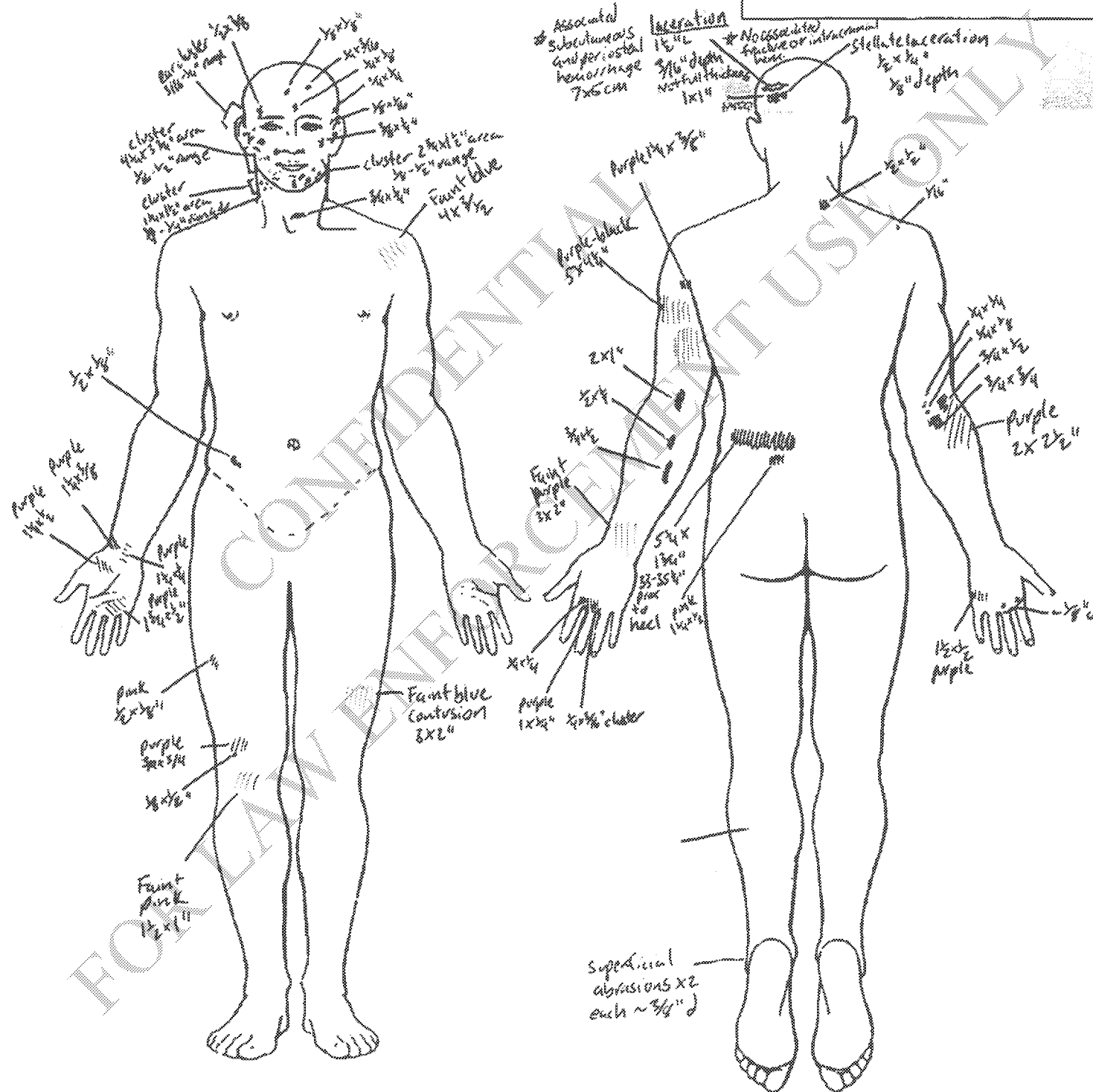
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Date 5/6/2022

M.D.

Deputy Medical Examiner

DOJ02778

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Penetrating Trauma

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GSWA. Right upper chest
Entrance
TOH 12 3/4
ROALM 6
TOTS 8
OVOID 1/2 x 1/4"
Smooth edges
No MA

P2 of 2:
Recovery
Left lung lower lobe
Copper and gray colored
projectile

possible
puncture

possible
puncture

GSWB. Right anterior thigh
Entrance
TOH 3 3/4
ROALM 1/4 (centered)
TOTS 4 1/4"
Irregular 1 x 3/8"
MA 9 o'clock 1/16 - 3/16"
with 11 o'clock abrasion 1/2 x 3/16"
inferior margin
abrasion cluster 1 1/4 x 3/4" area
pinpoint to 3/16" indentation
various purple pink contusions

P1 of 2:
Recovery
TOH 4 1/2
LOALM 2
Copper and gray colored
projectile embedded in
soft tissue.

GSWC. Left anterior shin
Entrance/Exit
TOH 5 1/2
ROALM 1/2
TOTS 4 1/4
OVOID 3/4 x 1/4"
MA 2 o'clock 1/16"
Smooth edges, dry dark purple

TOH: Top of head
ROALM: Right of anterior midline
LOALM: Left of anterior
limb midline
TOTS: Top of table supine
MA: Marginal abrasion

Date 5/16/2022

Julie Bumb

Deputy Medical Examiner

M.D.

Right Thumbprint

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Gunshot Wounds

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Gsw#1, Chest (GswA, P2 of 2):
Ent (GswA): Right upper chest
Ext: None
Recovery (P2 of 2): Left lung lower lobe
Path: Skin → ST → Ant chest wall at right
anterior rib 3 → Right lung upper lobe
→ Pericardium → Aorta → Pulmonary arteries
→ esophagus → Anterior surface,
7th thoracic vertebral body,
→ embeds in the parenchyma
of the left lung lower lobe
Ass. Injuries:
1. Bilateral hemothorax
at least 250cc right
at least 200cc left
Direction: R→L, F→B, Down
Range: Indeterminate

Gsw#2, right leg (GswB, P1 of 2):
Ent (GswB): Right anterior thigh
Ext: None
Recovery (P1 of 2): right leg soft tissue
Path: Skin → embeds in soft tissue
Direction: R→L, F→B, Down
Range: Indeterminate

Gsw#3, left leg (GswC):
Ent/Ext (GswC): left anterior shin
Recovery: None
Path: Skin, superficial hemorrhagic
wound tract ends just superficial
to left tibia without associated
fracture
Direction: F→B
Range: Indeterminate

O = Entrance
X = Exit
□ = Recovery

Date 5/6/2022

Juli Barb

M.D.

Deputy Medical Examiner

JHB
Right Thumbprint

COUNTY OF LOS ANGELES

MEDICAL REPORT

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AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D

☐ FAMILY OBJECTION TO AUTOPSY

Date: 5/6/22 Time: 0830 Dr. Bawab
(Print)

FINAL ON: 7/22/2022 By: Bawab
(Print)

APPROXIMATE
INTERVAL
BETWEEN
ONSET
AND
DEATH

2022-04841

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DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

☐ NATURAL

☐ SUICIDE

☒ HOMICIDE

☐ ACCIDENT

☐ COULD NOT BE DETERMINED

If other than natural causes,
HOW DID INJURY OCCUR?

SHOT BY OTHER(S) DURING
ENCOUNTER WITH LAW ENFORCEMENT

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☒ NO

TYPE OF SURGERY: _____ DATE: _____

☐ ORGAN PROCUREMENT

☒ TECHNICIAN: P. Nguyen

PREGNANCY IN LAST YEAR

☐ YES

☐ NO

☐ UNK

☒ NOT APPLICABLE

☒ WITNESS TO AUTOPSY

☒ EVIDENCE RECOVERED AT AUTOPSY

California Highway Patrol:

Inv. S. Kimble

Det. J. Nguy

State of CA Dept of Justice:

Sp Agent D. Ibarra

Sp Agent A. Oratovsky

Sp Agent A. Hernandez

Sr Criminalist G. Williams

Item Description:

Projectiles:

1 of 2: Copper and gray colored projectile from
right leg soft tissue

2 of 2: Copper and gray colored projectile
from left lung lower lobe

Age: 34 Gender: ☒ Male ☐ Female

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG

☐ CLOTHING

☒ X-RAY (No. 1CT)

☐ FLUORO

☐ SPECIAL PROCESSING TAG

☐ MED. RECORDS

☒ AT-SCENE PHOTOS (No. _____)

CASE CIRCUMSTANCES

☐ EMBALMED

☐ DECOMPOSED

☐ >24 HRS IN HOSPITAL

☐ OTHER: _____ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Bawab

SOURCE: Heart blood

TOXICOLOGY SPECIMEN

COLLECTED BY: Bawab

☐ HEART BLOOD

☒ STOMACH CONTENTS

☒ FEMORAL BLOOD

☒ VITREOUS

TECHNIQUE: Percutaneous

☒ Chest

BLOOD

☐ SPLEEN

☐ BILE

BLOOD

☐ KIDNEY

☒ LIVER

☐ URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: _____

HISTOLOGY

☒ Regular (No. _____) ☐ Oversize (No. _____)

Histopath Cut: ☐ Autopsy ☐ Lab

TOXICOLOGY REQUESTS

FORM 3A: ☒ YES ☒ NO 5/6/22

☐ NO TOXICOLOGY REQUESTED

SCREEN ☐ C ☒ H ☐ T ☐ S ☐ D

☐ ALCOHOL ONLY

☐ CARBON MONOXIDE

☐ OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT

☐ MED HISTORY

☐ TOX FOR COD

☐ HISTOLOGY

☐ TOX FOR R/O

☐ INVESTIGATIONS

☐ MICROBIOLOGY

☐ EYE PATH. CONS.

☐ RADIOLOGY CONS.

☐ CONSULT ON: _____

☐ BRAIN SUBMITTED

☐ NEURO CONSULT ☐ DME TO CUT

☐ CRIMINALISTICS

☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

RESIDENT

DME

WHITE - File Copy

CANARY - Forensic Lab

PINK - Certification

GOLDENROD - DME

(Rev. 9/13)

DOJ02781

ID #:1861

COUNTY OF LOS ANGELES

AUTOPSY CHECK SHEET

DEPARTMENT OF CORONER

16**2022-04841**

ALANIZ, JOHN J

HOMI

475**EXTERNAL EXAM**

Sex
Race
Age
Height
Weight
Hair
Eyes
Sclera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genitals
Edema
Skin
Decubitus

HEART Wt. **400**Pericardium *opened* RV **0.3**

Hypertrophy Septum

Dilation LV **1.4**

Muscle Septum

Valves **T13 P2.0 M1.0 A7.5**Coronaries *minimal*AORTA *clean***VESSELS**

LUNGS Wt.

R **330**L **280**

Adhesions

Fluid

Atelectasis

Oedema

Congestion

Consolidation

Bronchi

Nodes

PHARYNX

TRACHEA

THYROID

THYMUS

LARYNX

HYOID

ABDOMINAL WALL FAT **5 cm***chest 3.5 cm***PERITONEUM**

Fluid

Adhesions

LIVER Wt. **1660**Capsule *brown tan*Lobules *soft*

Fibros

G B *mild amount bile*Calculus *8*

Bile ducts

SPLEEN Wt. **90**

Color

Consistency

Capsule

Malpiment

PANCREAS**ADRENALS****KIDNEYS Wt.**R **130**L **130**

Capsule

Cortex

Vessels

Pelvis

Ureters

BLADDER *Non measurable urine***GENITALIA**

Prostate

Testes

~~uterus~~

Tubes

Ovaries

ESOPHAGUS**STOMACH**Contents *~ 25cc brown liquid***DUOD. & SM. INT.****APPENDIX** *Present* } *No lesions***LARGE INT.****ABDOM. NODES****SKELETON**

Spine

Marrow

Rib Cage

Long bones

Pelvis

Thoracotomy
*Left 5th ICS R 6th ICS**chest tube**R posterolateral 6th ICS**Previously opened*
pericardium and dissection
*of tissue around aorta (ulcer)**Anterior rib fractures**Left 3-6**Right 2, 4 and 5 at sternum***SCALP****CALVARIUM****BRAIN Wt. 1430**

Dura

Fluid

Ventricles

Vessels

Middle ears

Other

PITUITARY**SPINAL CORD****TOXICOLOGY SPECIMENS**

Blood, Liver bile

gastroiz contents

*vitaeas***SECTIONS FOR**
HISTOPATHOLOGY**SIX****MICROBIOLOGY****DIAGRAMS** **20X4****X-RAYS**

CT

LE X-rays**OTHER PROCEDURES***Auto photo***GROSS IMPRESSIONS***Internal evidence of Torso**Blunt Force Trauma:**Left anterior peritoneal hemorrhage**Left mesentery distal pancreas*
hemorrhage

Date

5/6/2022

Time

0830

Deputy Medical Examiner

Julie Barb



Department of Medical Examiner-Coroner, County of Los Angeles

FORENSIC SCIENCE LABORATORIES

1104 North Mission Road, Los Angeles, CA 90033

Laboratory Analysis Summary Report



Huss-Bawab, Julie M.D.

Deputy Medical Examiner
1104 North Mission Road
Los Angeles, CA 90033

☒ PendingTox

Coroner Case Number: 2022-04841 **Decedent:** ALANIZ, JOHN JOSEPH

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
-----------------	----------------	-------------	---------------	----------------

Alcohol Quantitation/Confirmation

Blood, Chest

Alcohol-GC/FID-HS	Ethanol	Negative	A. Kazaryan
-------------------	---------	----------	-------------

Drug Screen

Blood, Chest

ELISA-Immunoassay	Benzodiazepines	ND	J. Fallot
ELISA-Immunoassay	Cocaine and Metabolites	ND	J. Fallot
ELISA-Immunoassay	Fentanyl	ND	J. Fallot
ELISA-Immunoassay	Marijuana: 11-nor-Delta-9-Carboxy-THC	PP	J. Fallot
ELISA-Immunoassay	Methamphetamine & MDMA	ND	J. Fallot
ELISA-Immunoassay	Opiates: Codeine & Morphine	ND	J. Fallot
ELISA-Immunoassay	Opiates: Hydrocodone & Hydromorphone	ND	J. Fallot
ELISA-Immunoassay	Phencyclidine	ND	J. Fallot

Drug Screen/Confirmation

Blood, Chest

Bases-GC/NPD &/or MS	Basic Drugs	ND	R. Cabrera
Cannabinoids-LC/MS/MS	11-nor-Delta-9-Carboxy-THC, Free	Present	T. Doumit
Cannabinoids-LC/MS/MS	Delta 9-Tetrahydrocannabinol (THC), Free	10 ng/mL	T. Doumit

Coroner Case Number: 2022-04841 Decedent: ALANIZ, JOHN JOSEPH

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
-----------------	----------------	-------------	---------------	----------------

Legend:		ND	Not Detected	SNS	Specimen Not Suitable
g	Grams	ng/g	Nanograms per Gram	TNP	Test Not Performed
g%	Gram Percent	ng/mL	Nanograms per Milliliter	ug	Micrograms
Inc.	Inconclusive	PP	Presumptive Positive	ug/g	Micrograms per Gram
mg	Milligrams	QNS	Quantity Not Sufficient	ug/mL	Micrograms per Milliliter

The alcohol analysis was performed in accordance to California Code of Regulations "Title 17" compliance by a qualified analyst in the Forensic Toxicology Laboratory, Forensic Laboratories Division, County of Los Angeles Department of Medical Examiner - Coroner.

Enzyme-linked immunosorbant assay (ELISA) provides only a preliminary analytical result that is contingent upon a confirmatory test. A "presumptive positive" (PP) signifies a detection of a drug class and must be confirmed by additional testing for true identification and/or quantitation of specific drug(s) present in the specimen.

Per the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one year (minimum) and all other specimens six months (minimum) from Postmortem Exam.

Final Review By:

Jessica Gadway, M.S.
Supervising Criminalist I

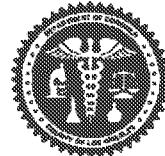
Date: 8/10/22

The above results relate only to the items sampled and tested and have been technically and administratively reviewed and are the opinions and conclusions of the analysts noted. The final review has been certified by the noted Toxicologist to ensure that all standard operating procedures were followed as set by the Forensic Toxicology Laboratory, Forensic Sciences Laboratory Division, County of Los Angeles Department of Medical Examiner-Coroner.

COUNTY OF LOS ANGELES		CASE REPORT		DEPARTMENT OF CORONER	
1	APPARENT MODE HOMICIDE			CASE NO 2022-04841	
	SPECIAL CIRCUMSTANCES Gunshot Wound, Law Enforcement Related, Media Interest, Victim of Crime, Officer Involved			CRYPT 475	
LAST, FIRST MIDDLE ALANIZ, JOHN JOSEPH				AKA	#
ADDRESS 1645 WEST LAMBERT ROAD				CITY LA HABRA	STATE ZIP CA 90631
SEX MALE	RACE HISPANIC/LATINO AMERICAN	DOB 1/25/1988	AGE 34	HGT 64 in.	WGT 246 lbs.
EYES BROWN		HAIR BROWN		TEETH ALL NATURAL TEETH	FACIAL HAIR BEARD AND MUSTACHE
				ID VIEW Yes	CONDITION FACIAL TRAUMA
MARK TYPE TATTOO		MARK LOCATION RIGHT LEG		MARK DESCRIPTION TRIBAL TATTOO	
NOK CARLOS ALANIZ		ADDRESS 1645 WEST LAMBERT ROAD		CITY LA HABRA	STATE ZIP CA 90631
RELATIONSHIP FATHER		PHONE (562) 607-4194	NOTIFIED BY		DATE 5/4/2022
SSN XXXX - XX - 4482	DL ID D8252797	STATE CA	PENDING BY		
ID METHOD FINGERPRINTS FROM DOJ					
LA #	MAIN # 33348928	CII # A33468138	FBI # 225912VD8	MILITARY #	POB CALIFORNIA
IDENTIFIED BY NAME (PRINT) PRINTS FROM DOJ		RELATIONSHIP	PHONE	DATE 5/4/2022	TIME 22:52
PLACE OF DEATH / PLACE FOUND HOSPITAL		ADDRESS OR LOCATION 3630 E. IMPERIAL HIGHWAY		CITY LYNWOOD	ZIP 90262
PLACE OF INJURY FREEWAY	AT WORK No	DATE 5/4/2022	TIME 11:19	LOCATION OR ADDRESS 105 W/B & GARFIELD EXIT, PARAMOUNT, CA	ZIP 90723
DOD 5/4/2022	TIME 12:08	FOUND OR PRONOUNCED BY DR. STRUMWASSER			
OTHER AGENCY INV. OFFICER DEPARTMENT OF JUSTICE - AGENT DANIEL IBAR (323) 765-2035		PHONE	REPORT NO. BI-LA2022-00016	NOTIFIED BY	NO
TRANSPORTED BY MICHELLE SIERRA		TO LOS ANGELES FSC	DATE 5/4/2022	TIME 21:35	
FINGERPRINTS? Yes	CLOTHING Yes	PA RPT No	MORTUARY O CONNOR MORT		
MED. EV. Yes	INVEST. PHOTO # 47	SEAL TYPE NOT SEALED	HOSP RPT Yes		
PHYS. EV. Yes	EVIDENCE LOG Yes	PROPERTY? Yes	HOSP CHART Yes		
SUICIDE NOTE No	GSR NO	RCPT. NO. 333448	PF NO. 112266444		
SYNOPSIS THE DECEDENT WAS A 34-YEAR-OLD HISPANIC MALE WITH AN UNKNOWN MEDICAL/SOCIAL HISTORY. ACCORDING TO THE REPORTED INFORMATION, ON 05/04/2022 AT APPROXIMATELY 1119 HOURS THE DECEDENT WAS WALKING ON THE 105 FREEWAY AND WALKED INTO THE RIGHT-HAND LANE OF TRAFFIC. A SEMI-TRUCK OBSERVED HIM AND ATTEMPTED TO SLOW DOWN. THE DECEDENT RAN TOWARDS THE TRUCK AND JUMPED TOWARDS IT. HE THEN GOT UP AND CONTINUED RUNNING THROUGH LANES OF TRAFFIC, JUMPING IN FRONT OF OTHER VEHICLES, AND HE WAS SUBSEQUENTLY STRUCK BY A PICKUP TRUCK. CALIFORNIA HIGHWAY PATROL OFFICERS WERE DISPATCHED TO THE SCENE. AT APPROXIMATELY 1132 HOURS, THE DECEDENT WAS PROCEEDING TOWARDS THE OFFICERS AND OFFICERS HAD DEPLOYED A TASER AND ANOTHER OFFICER OPENED FIRE SHOOTING FIVE TIMES. THERE WERE FIVE .40 CALIBER SPENT SHELL CASINGS ON SCENE. THERE WAS VIDEO FOOTAGE OF THE INCIDENT. IT WAS REPORTED THE DECEDENT HAD SOMETHING IN HIS HAND THAT APPEARED TO BE A FIREARM, IT WAS LATER DETERMINED THAT HE WAS UNARMED. THIS IS AN OFFICER INVOLVED SHOOTING. PLEASE NOTIFY HANDLING DETECTIVES AND AGENTS THREE HOURS PRIOR TO AUTOPSY.					
JEFFREY GUILMETTE 610196		INVESTIGATOR	DATE 5/4/2022 TIME 23:21	REVIEWED BY ACTING SUPERVISOR	DATE 5/5/2022 TIME 00:32
FORM #3 NARRATIVE TO FOLLOW? <input checked="" type="checkbox"/>					



**County of Los Angeles, Department of Coroner
Investigator's Narrative**



Case Number: 2022-04841

Decedent: ALANIZ, JOHN JOSEPH

Information Sources:

Daniel Ibarra, Special Agent, and Samuel Richardson, Special Agent Supervisor, Department of Justice, 323-765-2035, Report Number: BI-LA2022-00016

Robin Hines #17287, California Highway Patrol Major Crimes Unit Southern Division, 323-644-9557, Report Number: MCU-082-509-22

Medical Record and Form 18, St. Francis Medical Center, 3630 East Imperial Highway, Lynwood, California 90262, Medial Record Number: 112266444

On scene investigation.

Investigation:

On 05/04/2022 at 1645 hours, Special Agent Alan Oratovsky from the Department of Justice reported this homicide death to our office. It was reported the decedent was running through lanes on the 105 freeway, subsequently struck by two vehicles, then an officer involved shooting occurred. He was transported to the hospital where he was later pronounced deceased. There was no further information provided at this time.

On 05/04/2022 at 1737 hours, Captain Emily Tauscher assigned me this field call for investigation.

I left from the Forensic Science Center with Captain Emily Tauscher on 05/04/2022 at 1751 hours and we arrived on scene at 1843 hours. We cleared the scene at 1928 hours and arrived at the St. Francis Medical Center at 1948 hours. I cleared from the call at 2108 hours.

Forensic Attendant M. Sierra and I transported the decedent from the St. Francis Medical Center to the Forensic Science Center on 05/04/2022 at 2135 hours.

The decedent's fingerprint returns revealed no drug or alcohol related arrests on file.

The coroner criminalist call out criteria was reviewed and was not met at the time of my investigation.

Location:

Place of injury: Westbound 105 Freeway west of the Garfield overpass, Paramount, California 90723

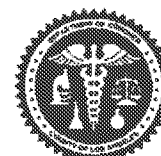
Place of death: St. Francis Medical Center, 3630 East Imperial Highway, Lynwood, California 90262

Informant/Witness Statements:

On scene I spoke to Special Agent Daniel Ibarra and Special Agent Supervisor Samuel Richardson from the Department of Justice and Detective Robin Hines from the California Highway Patrol Major Crimes Unit Southern Division and they collectively provided me the following information. On 05/04/2022 at approximately 1119 hours the decedent was walking on the 105 freeway and walked into the right-hand lane of traffic. A semi-truck observed him and attempted to slow down. The decedent ran towards the truck and jumped towards it. He then got up and continued running through lanes of traffic, jumping in front of other vehicles, and he was subsequently struck a second time by a pickup truck. California highway patrol officers were dispatched to the scene. At approximately 1132 hours, the decedent was proceeding towards the officers and officers had deployed a taser and another officer opened fire shooting five times. There were five .40 caliber spent shell casings found on scene. There was video footage of the incident. It was reported the decedent had something in his hand that appeared to be a firearm, it was later determined that he was unarmed.



County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2022-04841

Decedent: ALANIZ, JOHN JOSEPH

The Medical Records and Form 18 had the following information. On 05/04/2022 at 1159 hours, the decedent was transported to the hospital by an ambulance (sequence CF2205040488). He was transported by Unit #98 on 05/04/2022 at 1140 hours with a GSC score of 3. He arrived to the hospital in traumatic full arrest and asystole with CPR in progress. It was reported the decedent may have been suicidal because he was running around on the 105 freeway, he was struck by a big rig, a second vehicle, and shot multiple times by police. Despite all lifesaving efforts he was pronounced dead on 05/04/2022 at 1208 hours by Dr. Strumwasser.

Scene Description:

The scene was the westbound 105 freeway to the west of the Garfield overpass. The incident occurred in the two right lanes that exited towards the 710 freeway. There were paint markings on the ground revealing where the vehicles once were. There was a small amount of apparent bodily fluids and medical appliance trash noted in the right lane. The scene was secured by multiple police vehicles.

Evidence:

At the St. Francis Medical Center, I collected a gunshot residue kit on 05/04/2022 at 2008 hours, a fingernail kit at 2013 hours, a hair kit at 2015 hours, and medical evidence at 2108 hours. See copy of the evidence log and Form 3A.

Body Examination:

The decedent was an adult Hispanic male with brown eyes, brown hair, a beard, mustache, and apparent natural teeth. He was observed wearing a pair of cut black underwear. During the external examination of the decedent at the St. Francis Medical Center he was seen to have an electrocardiogram patches, an endotracheal tube, an intravenous catheter to his left hand and right arm, and an intraosseous catheter was noted to his left leg. There were no other medical appliances noted to the decedent's body. A large sutured incision was noted across his chest. Abrasions and lacerations were noted to his head, arms, legs, and back. A large open laceration was noted to the back of his head. A hole was noted to his right flank, left leg, upper right chest, and upper right leg. A hospital id band, reading, "Trauma, Southsudan One, 112266444", was noted to his left wrist. A handwritten hospital toe tag was noted to his foot. A tattoo of a tribal design was noted to his left leg.

Identification:

The decedent was positively identified by his fingerprint returns from the Department of Justice as John Joseph Alaniz with the date of birth of 01/25/1988. The decedent was also identified by his fingerprint comparison to the Los Angeles Sheriff's Department and the Federal Bureau of Investigation.

Next of Kin Notification:

On 05/04/2022, I spoke to DOJ Special Agent Daniel Ibarra and he confirmed he was at the residence with the decedent's family and notified him of the death. I was informed the decedent was not married and did not have children.

Tissue Donation:

According to the available medical records hospital staff notified One Legacy to discussed organ and tissue donation.



**County of Los Angeles, Department of Coroner
Investigator's Narrative**



Case Number: 2022-04841

Decedent: ALANIZ, JOHN JOSEPH

Autopsy Notification:

Please notify the following investigators three hours prior to autopsy; DOJ Special Agent Daniel Ibarra and California Highway Patrol Detective Hines. See case notes for their confidential cell phone numbers.

JEFFREY GUILMETTE #610196

SUPERVISOR

05/20/2022

Date of Report

CONFIDENTIAL
FOR LAW ENFORCEMENT USE ONLY

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 90033

18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

Saint Francis Medical Center
NAME OF FACILITY

CC# 2022-
04841

ADDRESS 3630 East Imperial Hwy HOSPITAL PHONE # 310/900-8900

NAME OF DECEDENT Trauma Southsudan one

SOURCE OF IDENTIFICATION _____ DOB unk AGE unk SEX Male RACE Hispanic

DATE OF DEATH 05-04-2022 TIME 1208

PRONOUNCED BY Dr. Strumwasser MEDICAL RECORD OR PATIENT FILE # 112266444

ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR
THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD

DATE ENTERED HOSPITAL 05/04/2022 TIME 1159

☐ SELF ☒ AMBULANCE (NAME OF A.A.#) 62205040488 ☒ ER DEATH? ☐ IN PATIENT DEATH?

FROM The street/freeway
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS

(IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: WOO M.D. PRIMARY ATTENDING PHYSICIAN Strumwasser M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES G SW x 3 Right chest, right thigh, left tibia PLACE _____ (TRAFFIC, FALL, ETC.)
DATE 5/4/22 TIME 1159

DESCRIBE INJURIES:
pt arrived in traumatic full arrest and asystole, CPR
in progress. According to the paramedics, it was possible
suicidal as he was running around on the 105
freeway. Medics also said that pt was hit by a big rig
and also a car and he was also shot three times by the
CHP. Three gunshot wounds noted on the right chest,
right thigh and left tibia. Multiple attempts to resuscitate
pt were unsuccessful, pt was pronounced dead at 1208.

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____

COUNTY LOS ANGELES

PERSONAL EFFECTS INVENTORY

DEPARTMENT OF MEDICAL EXAMINER-CORONER

2 <i>6C</i> <i>A6 FF</i> <i>05/05/22</i>	1104 North Mission Road, Los Angeles, CA 90033 (213) 343-0515	No. 333448
	Property Release Hours: Monday - Thursday 10:30 AM to 4:00 PM Closed Saturday, Sunday & Holidays	Date <i>5/4/2022</i>
	<input type="checkbox"/> NO PERSONAL EFFECTS TAKEN <input checked="" type="checkbox"/> NO CASH TAKEN	Case # <i>2022-04841</i>
	<input type="checkbox"/> ADDITIONAL RECEIPTS # _____	Name <i>JOE ALANIZ</i> First Last MI <i>JOHN J.</i>

PERSONAL EFFECTS: U.S. Cash ☒ Dollars Supervisor Review >\$500

Keepsake/Foreign Monies

Item	No	Yes	Description	Item	No	Yes	Description
Wallet				Keys, Fob, Remote		<input checked="" type="checkbox"/>	<i>2 on clip</i>
Purse				P.F. Card			
Cell Phone				Misc. Documents			
Will/Trust				Personal Identifying Docs and Cards			
Suicide Note							

The following Identification documents are routinely returned to the issuing agencies: California Driver's Licenses, California Identification Cards, Immigration Cards, Passports and Military I.D. Cards.

Watches, Jewelry & Other Items

Credit Cards, Traveler's Checks and Checks for Decedent
(List bank acct. nos., amount, card name and no.)

DECLARATION FOR RELEASE OF WEAPONS IN THE FIELD:

The Dept. of Medical Examiner does not accept firearms. The following

Weapon bearing serial number _____ was released to: _____
Name of Agency: _____ Phone Number () _____
Address: _____

WITNESS DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE:

☒ The above list is all the property found on the body, clothing or adjacent area to the above named decedent and was checked by me in the presence of the witness signed below.

☐ Above is listed all the property of the above indicated decedent after the body, clothing or adjacent area had been searched prior to my arrival.

Signature _____ Print Name & Title *GULLMISTE #660196*
Witness Signature _____ Print Name & Title *Public Safety*
Address & Agency _____ City _____ ZIP _____ Phone () _____

DECLARATION FOR RELEASE OF PROPERTY IN THE FIELD:

The above indicated personal effects were released to me by _____ Date _____

Signature _____ Print Name & Title _____
Agency _____ Phone () _____

DECLARATION FOR RELEASE OF PROPERTY TO FAMILY:

The above listed property was delivered to me by _____ of the Property Section of the Dept. of Medical Examiner Los Angeles County.

Signature *Wynn Hinkson* Print Name *WYNN HINKSON*
Relationship *O'CONNOR MORTUARY* Date *5/13/22* Phone () *949-581-4300*
Address *25301 ACICIA PKWY* City *AGANA HILLS* ZIP *92653*

PROPERTY WILL NOT BE RELEASED WITHOUT AFFIDAVIT PURSUANT TO SECTION 630 PROBATE CODE OR LETTERS TESTAMENTARY.

COUNTY OF LOS ANGELES

ORDER FOR RELEASE - ORDEN DE ENTREGA

DEPARTMENT OF MEDICAL EXAMINER-CORONER

Please read and answer all questions before signing

Case No. 202204041
Case Name

John Alaniz

5

Was the decedent legally married at the time of death? ☐ Yes ☒ No
Does the decedent have any living adult children? ☐ Yes ☒ No
Does the decedent have any living minor children? ☐ Yes ☒ No
Does the decedent have any living parents? ☒ Yes ☐ No

Favor de leer y contestar todas las preguntas antes de firmar

¿El difunto ha sido casado legalmente? ☐ SI ☐ NO
¿El difunto tiene hijos adultos? ☐ SI ☐ NO
¿El difunto tiene hijos menores de edad vivientes? ☐ SI ☐ NO
¿El difunto tiene padres vivientes? ☐ SI ☐ NO

HEALTH AND SAFETY CODE • § 7100 • CUSTODY AND DUTY OF INTERMENT

"WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470)"

The right to control the disposition of the remains of a deceased person unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named: (1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code; (2) The competent surviving spouse; (3) The sole surviving competent adult child of the decedent or, if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children; (4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent; (5) The sole surviving competent adult sibling of the decedent or, if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings; (6) The surviving competent adult person or persons respectively in the next degrees of kinship; (7) A conservator of the person or estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets; (8) The public administrator when the deceased has sufficient assets.

Therefore, please release the body upon completion of your death investigation of said deceased to:

O'Connor Mortuary

NAME OF MORTUARY

Carlos Alaniz

NAME OF NEXT-OF-KIN

(PLEASE PRINT LEGIBLY)

Father

RELATIONSHIP

[Signature]

NEXT-OF-KIN'S SIGNATURE

1645 West Lambert Rd La Habra CA 90631 562-607-494 5/11/22

ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER

DATE SIGNED

IF THE LEGAL NEXT-OF-KIN IS NOT HANDLING, PLEASE ENTER NEXT-OF-KIN INFORMATION BELOW AND EXPLAIN WHY THEY ARE NOT HANDLING. ATTACH SUPPORTING AUTHORIZATION DOCUMENTS, E.G. WILLS, POWER OF ATTORNEY, FAXES, ETC.

NAME

RELATIONSHIP

ADDRESS / CITY / STATE / ZIP CODE

TELEPHONE NUMBER

CÓDIGO SALUD Y SEGURIDAD • § 7100 • CUSTODIA Y OBLIGACIÓN DE ENTERRO

"AVISO: La persona que firma este documento será responsable de su contenido y responderá por cualquier daño(s) producto de cualquier información falsa contenida en el mismo. (Sección 7110 Del Código De Salud y Seguridad) Además, es una ofensa criminal proveer información falsa a propósito a una entidad del gobierno. Código Penal Sección 115 y 470"

El derecho a controlar la disposición de los restos de una persona fallecida, el deber de la disposición y la responsabilidad por el costo razonable de la disposición corresponde a los siguientes en el orden indicado abajo, a menos que otras direcciones hayan sido dadas por el difunto de acuerdo con la Sección 7100.1, y (1) Un agente con un poder notarial para decisiones de la salud, el cual tiene el derecho y el deber de la disposición conforme a la División 4.7 (comenzando con la Sección 4600) del Código de Sucesiones; (2) El cónyuge sobreviviente competente; (3) El único hijo sobreviviente adulto competente del difunto o, si hay más de un hijo adulto competente, el consenso de la mayoría de los hijos adultos sobrevivientes competentes; (4) El padre sobreviviente competente o a los padres del difunto. Si uno de los padres competentes supervivientes está ausente, el padre competente presente se le concederá a los derechos y deberes de esta sección siempre y cuando esfuerzos razonables para localizar al padre ausente no han tenido éxito; (5) El único hermano adulto sobreviviente competente del difunto o, si hay más de un hermano adulto sobreviviente competente del difunto, el consenso de la mayoría de los hermanos adultos sobrevivientes competentes; (6) El sobreviviente adulto competente o personas, en los grados de parentesco próximo; (7) Si el difunto tiene activos suficientes, un tutor del individuo o de la propiedad, designado de acuerdo a la parte 3 (comenzando con la Sección 1800) del 4º Capítulo del Código de Sucesiones; (8) El administrador público cuando el fallecido tiene activos suficientes.

Por lo tanto, tras la finalización de la investigación de la muerte del susodicho individuo, favor de entregar sus restos a:

NOMBRE DE FUNERARIA

NOMBRE DE PARENTESCO (ESCRIBA EN LETRA DE MOLDE)

PARENTESCO

FIRMA DE PARENTESCO

DIRECCION

CIUDAD

ESTADO

ZONA POSTAL

NUMERO DE TELEFONO

FECHA DE FIRMA

SI USTED NO ES EL PARIENTE PRÓXIMO DE ACUERDO A LA LEY, FIRME Y EXPLIQUE PORQUE EL PARIENTE PRÓXIMO NO ESTÁ HACIENDO LOS TRÁMITES EN ESTE ASUNTO. SI ES EL ALBACEA DEL TESTAMENTO, FAVOR DE INCLUIR UNA COPIA DEL MISMO JUNTO A ESTE DOCUMENTO.

PARIENTE PRÓXIMO

DIRECCION / CIUDAD / ESTADO / ZONA POSTAL

NUMERO DE TELEFONO

760738 - (REV. 4/2015)

ADDITIONAL DECEDENT INFORMATION ON REVERSE

dispatched Traditional 5/12 0951